U S Department of Labor Office of Labor-Management Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	_
DO READ THE INSTRUCTIONS CAREFU	LY BEFORE PREPARING THIS REPORT.
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1 File Number U -	2 Fiscal-Year Covered From
10862	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name Don Shelby	Name United Auto Workers Local 2488
	Labor Organization File Number 530382
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 435-Moran	Street 10226 E. 1400 North Road
City Minonk	City Bloomington
State Illinois ZIP Code + 4 61744	State Illinois ZIP Code + 4 61704-5195
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organizat	ion tennescente or a actualist acabina to moment
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Name Trade Name, if any	7 a. Nature of interest, Transaction, or Income
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Name Trade Name, if any P O Box, Bidg, Room No, if any Street	7 a. Nature of interest, Transaction, or Income 7 b Amount.
Trade Name, if any P O Box, Bldg , Room No , if any Street Crty State ZIP Code +4	7 a. Nature of interest, Transaction, or Income 7 b Amount.
Trade Name, if any P O Box, Bldg , Room No , If any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	7 a. Nature of interest, Transaction, or Income 7 b. Amount. 7 b. Amount. Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)
Trade Name, if any P O Box, Bidg, Room No, If any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete (See the see	7 a. Nature of interest, Transaction, or Income 7 b. Amount. 7 b. Amount. Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)